VSH Futures
Peer Support Program Development Workgroup

October 11th, 2007
10:00 to 12:30

Present: Steven Morgan
Linda Corey, Chair
Kitty Gallagher
Pamela Corcoran
Jean New
George New
Xenia Williams
Keith Martell
Catherine Mayo
Laurie Pontbriand

Staff: Nick Nichols

Please note: Change of meeting time and location!!!

The meeting time and location for the next meeting has been changed. The next meeting of the Future Peer Support Development Workgroup is scheduled for November 7th from 10:00 am to 1:30 pm. The meeting will be at the Hilltop Inn and Restaurant in Berlin (across the street from Central Vermont Medical Center).

Minutes

Minutes from the last meeting were accepted.

Updates

- Four members of the group will be going to the Rose House in Milton, NY on October 24th to interview staff/peers and learn about how they operate. They are also planning attending the Stepping Stones program in Claremont, NH where the peer crisis respite program is located (there is another Stepping Stones in NH that does not have a crisis respite program). Linda recommended that we view Kitty's video of the interviews at our next meeting.
- Linda said that several of the new crisis programs that are being developed as part of the Futures project will be working to incorporate peer support.

- Jean mentioned that peer support is becoming stronger and having more of a presence at Lamoille County Mental Health.
- Kitty would like to see this workgroup focus on alternatives to medications.
- The VAMH Conference is on Nov. 15th at the Capitol Plaza. Prior to the conference there will be a Legislative Breakfast for folks to speak with their legislators.
- There will be a two-day symposium examining involuntary medications in December (date to be announced) at the Pavilion Building in Montpelier. More information will be announced soon.
- Halloween is coming up. Xenia advises everyone to be their fantasy creature!
- A meeting of all the community mental health standing committees is scheduled for November 9th.
- The State Recovery Celebration in Burlington on September 18th was a great success and well received.
- Kitty really liked the state conference on peer support for co-occurring disorders. Steve also went and said that the staff from HCRS found the workshops very helpful in understanding what true peer support is. We should not assume that staff understand what peer support is and understand how the power dynamics change when you incorporate peer support into the supports that someone receives.
- Kitty worries that there is a potential for some professional programs to view peer support as a "dumping ground." She is concerned that professionals may send all of their "problem clients" to peer programs for everything instead of taking responsibility for providing the services they are supposed to provide. It is important to be clear about what a specific peer support program can and can't do. For example, some peers who provide peer support are not comfortable handling crisis situations, and so consumers in crisis should not be sent to peers who don't have the right skills and training to handle crises. This does not mean that peers can't be very good or even better than "professionals" at handling a crisis.
- Kitty went to the NYASPRS conference recently. She was impressed with the number of peers who are involved. NY seems to be ahead of VT in terms of the number of peers who are participating, though VT is still considered a leader in Recovery.
- Xenia pointed out that peers have the same range of talent to do the same things that professionals do.
- Steve distributed a draft proposal on the Holistic Crisis Residence program (see attached).
- Linda has developed the survey questions to be included in the next VPS Survivor to get additional feedback on peer support needs in Vermont. See attached for the survey questions. She is still looking for feedback on these questions.
- Linda passed out a "Proposal for Consumer/Survivors/Ex-patients to Design a Truly Recovery-Based Mental Health System" by Dan Fisher (see attached).

<u>Preliminary Recommendations</u>

Nick explained that this workgroup will need to present some preliminary recommendations at the November 26th, 2007 meeting of the Transformation Council, which is the stakeholder group that guides the Futures Project. He presented a possible format for how the recommendations could be presented and solicited feedback from the group on 1) how the recommendations would be presented and 2) what the recommendations should say.

Outline of Recommendations:

Section I: Description of Process

- This section would describe the process the workgroup used to develop recommendations
- Regular meetings
- Presentations
- Collection of information on what other states are doing

Section II: Describing the experience of individuals who commonly become admitted to VSH

- How the current professional system fails to support people
- Problems with existing professional programs
- Problems in Emergency Rooms
- Attitudes of staff about crisis
- Problems with isolation (weekends, nights)
- Lack of connection to community
- Battles over medication
- Lack of pre-crisis support
- Community Links Study
- Act 114 Study results – this information could be very helpful re: what is not working or missing
- What is working: Safe Haven
- Should we break it down into what happens before hospitalization, during hospitalization, and after hospitalization?
- Xenia would like to see this section speak to the role trauma plays in affecting how people with mental health needs experience the system. Having experienced trauma makes it harder for people to trust staff/supporters. This leads to isolation. Community and professional attitudes can trigger this issue or make it worse. People can also be re-traumatized. Supporters should act in a way that is supportive and initiates connection instead of re-traumatizing the person.
- The relationship between staff and person receiving services is very important. The model commonly used in hospitals focuses on "this is what wrong's with you and this is what you need to do to get better" (Medical/deficiency-based model vs. strengths-based). How can the approach of staff be changed?
- The environment of the hospital can also have a negative or positive influence on recovery.

- Emphasize that we've heard from many people who have talked about different peer/recovery things that have helped them (warm lines, peer recovery center, individual connection with a peer). Give some examples.
- The workgroup should make sure we are able to emphasize certain key points. Even though certain oversight groups (legislators) like to look at statistics and hard facts, many people remember and appreciate personal stories.
- Xenia commented that everyone likes to hear what they are doing right, and they already know what they are doing wrong. Can we present things with this in mind and focus on how expand/improve on existing success/good work?
- Xenia added that people receiving services have often been overloaded with being told what they are doing wrong, and so MH professionals and peer supporters should try to avoid giving advice focused on correcting what a person is doing wrong.
- We need to talk with professionals with a hat's off approach as equals.

Section III: Review of Different Programs/Options with cost Analysis and pros/cons

- Formal training for peers (highlight different models)
- Certified Peer Specialist process (discuss pros and cons of certification and making this Medicaid-reimbursable)
- Increase/Enhance Warm Lines and other peer initiatives (include description of current peer programs)
- Making peer supporters available at Emergency rooms (Could we include a copy of Zack's proposal?)
- Making peer supporters available within professional programs (group homes, crisis beds)
- Programs that follow the person from the hospital to the community (e.g. Community Links)
- Crisis respite programs (Stepping Stones, Rose House)
    - Working with people using alternative supports/services
    - Present this in a positive way
    - Presenting choices of treatment/support modalities to people who avoid medications as either not helpful or too risky
    - While people will not be expected to take psychotropic medications, those who find them useful can bring them and be responsible for their use.
    - Present this as a work in progress that we are analyzing and exploring
    - Include some statistics from Safe Haven?
    - Include general $ information (overall cost of similar program, cost savings vs. professional programs).
    - Look at Second Spring proposal to use peers and how this is helpful and cost-effective. Do we have any information from WCMH on how much they are saving the state? Any information from NCSS on this?

Other thoughts about developing and presenting the preliminary recommendations included:

- Have Keith present on his crisis bed work and have others present on what they are currently doing.
- Have bibliography at the end of the report with all of the different resources.
- Emphasize that we all come from different areas of the state and have experience seeing what works in their area.
- If we have time, let's ask Dan Fisher to review our proposal and give feedback.
- Need to add in description of alternative supports.
- The report should reference the 2000 Report to Legislature on Trauma.
- Steve is interested in presenting on the Holistic Crisis Respite Program Proposal and the Peer Specialist Program.
- Xenia is interested in doing something on trauma, the role it plays in trust difficulties and how an awareness of this influences what we do and why we do it.

Next Steps:

The next meeting has been rescheduled from Nov. 8th to Nov. 7th from 10 am to 1:30 pm. Lunch will be provided. Nick will distribute draft recommendations prior to the meeting for review. We will spend part of the next meeting preparing for a presentation of the group's recommendations at the Nov. 26th meeting of the Futures Transformation Council.

Next Meeting:	**November 7th** **10:00 am to 1:30 pm** **Hilltop Inn and Restaurant in Berlin (across the street from Central Vermont Medical Center).**

Draft Survey to included in the VPS Survivor Newsletter

This survey is to help us to understand what type of peer services you use and what may be missing in Vermont. Currently our group has identified 3 types of peer services.

They are:

Grassroots or peers helping peers such as in support groups, one to one. Often it's voluntary.

Organized – Part of an organization, generally paid positions. Job descriptions, etc.

Professional – Stricter set of ethics and boundaries, sometimes have degrees. Services dictated by the job description and sometimes professional censure.

SURVEY QUESTIONS

1) Have you ever been involved in peer support?
2) If so, how?
3) What was beneficial to you from the peer contact?
4) Have you ever been hospitalized?
5) If so, how would you see that peer support could help in a hospital situation?
6) How can it help in a community?
7) Have you ever had a peer person become hired by an agency and then was your service provider?
8) What was your experience?

Thank you for your feedback to us. It will assist us in evaluating Vermont peer services.